Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY PM3. Page af Charles death. MARYLAND Maryland Charles delay Department b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 15 write RURAL and give nearest town) after LaPlata LaPlata d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS hours in Item 18. Give Pages 1, alang with farm Physicians Memorial Hospital ate YES NO This certificate shauld be executed within 24 haurs after death. 3. NAME OF Middle 4. DATE e Str Last Month DECEASED the OF HERBERT within 1)407 **ADAMS** (Type or print) DEATH October 13 19 66 SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) Days Male White event WIDOWED DIVORCED Office 2 10g, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)

3 in en ance

13. FATHER'S NAME necessary, please execute the certificate, writing the word "pending" in pencil in the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiners _= and ams 00m File WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes ag, of unknown) (If yes give war ar dates of service) ar removal. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Pneumothorax and interstitial emphysema IMMEDIATE CAUSE (a) burial, crematian, DUF TO Canditians, if any, which gove Rupture of emphysematous bleb rise to immediate cause (a) DUF TO stoting the underlying cause 0 Blunt injury to chest PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES X NO pe p 20a. EXTERNAL CAUSE WAS PRIMARY ☐ ar CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 1B.) 3 shauld agent, priar CAUSE OF DEATH Driver in auto-auto collision 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year 20e, PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) yaur factory, street, affice bldg., etc.) FUNERAL DIRECTOR: Page Clinton Pr. Geo. Md. designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry ond in my opinion may be retained far Accident [death resulted from: Natural causes Suicide | Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE JD. DEPUTY MEDICAL EXAMINER 10/13/66 **EXAMINER'S** Charles S. Petty, M.D. Health NAME (Type) Address (Street, city, tawn, or county) 23a. BURIAL, CREMATION (County) 0 2Sa. REC'D BY REGISTRAR VR A15ME (5) 1956

tems 18-21 Film 382 11-4MARYLAND STATE DEPARTMENT OF HEALTH

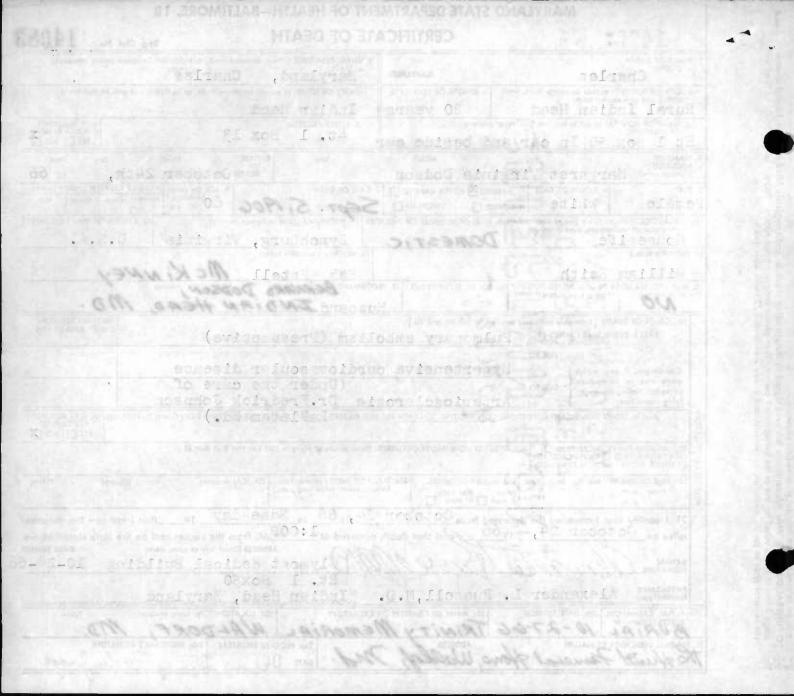
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. STATE Maryland g. COUNTY Charles 3 to PM3. Page at death. Charles MARYLAND delay Department b. CITY DR TDWN (If outside corporate limits, c. LENGTH DE STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) gud write RURAL and give nearest town) after (Newberg La Plata e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS haurs Office alang with form Physicians Memorial Hospital e State [72 haur NO [pencil in Item 18. Give Pages This certificate should be executed within 24 haurs after death. NAME OF Middle 4. DATE Month Lost Year DECEASED 0F the CLARK with the CALVIN L. 10 31 (Type or print) DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS. SEX 9. AGE (In years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Months DIVORCED Colored WIDOWED Ma le 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life reven if retired INDUSTRY d "pending" in pencil in Chief Medical Examiner's any MOTHER'S MATDEN NAME 13. FATHER'S NAMI _ pup removal ves give wor or dates of service) OSPER CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY Craniocerebral injury ar IMMEDIATE CAUSE (o) the certificate, writing the ward crematian, DUE TO shauld be farwarded to the Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse burial, 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE (DNDITION GIVEN IN PART 1(a) CERTIFICATION YES X NO 10 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) agent, prior 3 shauld PRIMARY Or CONTRIBUTING Allegedly AL EXAMINER: fell CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. 19 66 While Not While factory; street, office bldg., etc.) Charles FUNERAL DIRECTOR: Page Newberg Md. Page / ot work please execute its designated 21. I certify that I took charge of the remains described above, held on Autopsy [X] Inspection Inquiry ond in my opinion the funeral directar. Accident | death resulted from: Noturol couses Suicide . Homicide Undetermined monner CHIFF MEDICAL EXAMINER TO DEPUTY ME ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE DEPUTY MEDICAL EXAMINER Health ar 11-1-66 **EXAMINER'S** WERNER SPITZ Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) BURIAL, CREMATION, 50 REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR 25b. 966 VR A15ME (5)

Items 18-21 Film 384 1-9-6MARYLAND STATE DEPARTMENT OF HEALTH

s that the death certificate be executed within 24 hours ofter death. Page 4

LUISICIAN: The law requir	al ar attending physician.	TO FUNERAL DIE	use as the burial-transit per	
L OX CADING	ained the haspite	DIG R: After t	uld betached far	the facility of the facility of
A LO MOSFILA	" may be reto	TO FUNERAL	poge 3 shar	After an annual and a

	keg. bist. 146. 1 2 0 0 0
1. PLACE OF DEATH G. COUNTY Charles MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) ONATE Naryland, Charles
b. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) Rural Indian Head 20 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Indian Head
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Rt 1 Box 50 In car and beside car	d. STREET ADDRESS Bt. 1 Box 13 e. 15 RESIDENCE ON A FARMAY YES NO
3. NAME OF DECEASED (Type or print) Margaret Virginia Dodson	Lost 4. DATE Month Day Yeor OF DEATH October 24th, 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH SEPT. 5, 1906 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 13. FATHER'S NAME	Lynchburg, Virginia U.S.A. 14. MOTHER'S MAIDEN NAME
A 22	INFORMANT BERNARD DODSON, Address Husband INDIAN HEAD, MD.
Conditions, if any, which gave rise to immediate cause (a), stoting the underly lying cause lost. DUE TO (b) H*pertensive (c) Arterioscleros	olism (Presumptive) cardiovascular disease (Under the care of sis Dr. Fredrick Johnson T NOT RELATED TO PRESENTE AND DEATH
	PERFORMED? YES NO PED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	LACE OF INJURY Home, farm, 20f. (City or town) (County) (State) cotory, street, office bldg., etc.)
The certify man i differenced ine deceased from the	ADDRESS (Street, city or town, stote) ADDRESS (Street, city or town, stote)
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify) 10-27-66 TRINITY	
23. FUNERAL DIRECTOR'S SIGNATURE The Hunt Timeral Home, Walkoff,	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE OCT 3 1 1866 Thomas Judge



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14082 CERTIFICATE OF DEATH

14084

		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence	e before admission)		
	(CHARLES MARYLAND	O. STATE MARYIAND b. COUNTY CH	ARLES		
	ŀ	b. CITY OR TOWN (If autside carparate limits. \ \ c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give	nearest town)		
		write RURAL and give nearest town) 3days.	LAPLATA,	08.1		
		NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE		
2	1	PHYSICIAN'S MEMORIAL HOSPITAL	100 HAWTHORINE DRIVE	ON A FARM? YES NO		
	1	NAME OF DECEASED Type or print) HARULD First JOSEPH DECEASED	OUTT 4. DATE Worth OF DEATH CCTOBER			
	S. S	The state of the s	8. DATE OF BIRTH ug. 2, 1918 9. AGE (In years if UNDER) Months yrs.	YEAR IF UNDER 24 HRS. Days Haurs Min.		
		USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR	11. BIRTHRIAGE (County & State, or foreign country) . 12. CITI	ZEN OF WHAT		
	duri De	ng most of working life, even if retired)	il Atwood, Pa. County US	NTRY?		
		FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	(Oscar H. Doutt	Laura McCoy			
	1S.	and actual provided (Iff was give were as dates of convice)	informant La Palesta, Mo			
		es WW 11 176-09-8281 Ma	delin M. Doutt, 100 Hawthorn	ne Drive,		
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	0 00	INTERVAL BETWEEN ONSET AND DEATH		
		IMMEDIATE CAUSE (a) Kesperactory Callapare				
		Canditions, if any, which gave	22: 22:1	1 100		
W.		rise to immediate cause (o),	non specific. metastatic	Haday		
		stating the underlying couse (Coma generalized	5 month		
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO		19. WAS AUTOPSY		
)	ATION			PERFORMED? YES NO		
ŀ	CERTIFICATION	200. ACCIDENT WAS UNDERLYING ☐ 205. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING ☐ CAUSE OF DEATH	(Enter noture of injury in Port I or Part II of item 18.)			
		(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	MEDICAL		CE OF INJURY (Home, farm, ory, street, affice bldg., etc.)	nty) (Stote)		
	Σ	p.m. 19 at wark 🗀 at work				
		21. I certify that (I) (t his hospital) attended the deceased fram_saw the deceased alive an <u>a chake 29</u> 19 66, and tha	t death accurred at 4:300 M, fram causes and an th	, that (I) (we) last		
		22a. SIGNATURE		TE SIGNED		
		Manda. 110 M	ATTENDING MED. STAFF	Bet-66		
		22C. PHYSICIAN'S A DELLA STATE OF THE STATE	22d ADDRESS	(4=4 (12		
		NAME (Type) ITK (HOR O. WOODDY	JARWOOD CLINIC LAPL	ATA. MD.		
		BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR		County) (Stote)		
			us Cemetery, Bel Alton, Char	rles, Md.		
		FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SII			
	A	rehart Funeral Home Inc., La Plata, Md. DATE NOV 7 1866 Icharles Judge				

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with the State Dept. at Health priar ta burial, crematian, ar removal, and in one week, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital ar attending physician.

1.411.2 314,5,5,000 A to reside barte com a red executed to the sold to be , avantation of the state of th Miles I cor. 2, 1900 in a medata a medata , and cor, 2, von I strikt and THIM we . T. , we see I see the second frager of state of DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		CERTIFICATI	E OF DEATH		14000
1.	PLACE OF DEATH Charles	MARYLAND	2. USUAL RESIDENCE a STATE Maryland	(Where deceased lived, If institution: I b. county Charles	Residence before admission)
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY DR TDWN (If ou	itside corporate limits, write RURAL	and give nearest town)
_	LaPlata Md	4-Hours	LaPlata Md		08-1
P	d. NAME OF HOSPITAL OR INSTITUTION (If not in hi hysicians Memorial Lai	ospital, give street address) Plata Md	d. STREET ADDRESS		e. IS RESIDENCE DN A FARM? YES NO X
3.	NAME DF DECEASED (Type or print) (Triplet #2)	Middle Dys		4. DATE Month OF DEATH 10-25-66	Day Year
	sex 6. CDLOR OR RACE 7. MARRIED WIDOWED WIDOWED	NEVER MARRIED X	B. DATE OF BIRTH	9. AGE (In years IF UNDER	
1D	a. USUAL OCCUPATION (Give kind of work done 10b. K	IND DF BUSINESS OR		nty & State, or foreign country) 12. C	ITIZEN OF WHAT
dui		NDUSTRY One	Charles C	ounty Maryland	USA
13	NONE NO	me	14. MOTHER'S MAIDEN	NAME	USA
	Mayo Dysøn Conner			ise Brown	
15	WAS DECEASED EVER IN IL S ARMED EDROES? 1 16	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
N C	es, no, or unkown) (If yes give war or dates of service)	/		L. Dyson, Bryans	Road Md
	18. CAUSE OF DEATH [Enter only one cause per li	ine for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pre	maturity (5-N	Ionth Gesta	tion)	4-Hrs
	776 X DUE TO			,	
	Conditions, If any, which) (b)				
	gave rise to Immediate Cause (a), stating the DUE TO				
	underlying cause last.				
NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUTNOT RELA	TED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
CERTIFICATION	This was the second o	f triplets,p	remature, l	ived 4-Hrs	PERFORMED? YES ND
	Da. ACCIDENT WAS UNDERLYING DOB. I DR CONTRIBUTING CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Ir	njury in Part I or Part II of Item 18	.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. II Hour a.m. While p.m. 19 at work	Not While factor	CE OF INJURY (Home, farm ry, street, office bldg., etc.	20f. (City or town) (Co	unty) (State)
2	21. I certify that (I) (this hospital) attended		1-25-66 10	to 10-25-66 19	that (I) (vow) last
	saw the deceased alive on 19-25-6			30/P from the causes and on t	
	22a. SIGNAJURE	and that	death bootifed dety		ATE SIGNED
>	16	Der M.D	ATTENDING ME	D. STAFF D 5-2	26-66
	PHASICIAN'S NAME (Type) James E. Andr		22d. ADDRESS Indian		
23.	a. BURIAL, CREMATIDN, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, town or co	unty) (State)
	TEMPENSTET 10/30/1966	Arehart Fu	uneral Home	La Plata, Mo	1.
	FUNERAL DIRECTOR	ADDRESS		nn!	'S SIGNATURE
1	Arehart Funeral Home, I	ncLa Plata	A, Md. DATE NO	V7. 1966 Jelia	res Judge
6	-224089				

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	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	I. MARYLAN
7000	OFFICIONES OF PENELL	4 4

	14004	CERTIFICATI	OF DEATH	TOTALLI, DALIMO	14086
ī. Cł	PLACE OF DEATH a. CDUNTY LATIES	MARYLAND	2. USUAL RESIDENCE a. STATE Marylar		
	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) TaPlata Md	4-Hrs.	c. CITY OR TOWN (If o	outside corporate limits, wri	ite RURAL and give nearest town)
Pł	LaPlata Md d. NAME OF HOSPITAL OR INSTITUTION (IF not in h Lysicians Memorial LaP	ospital, give street address) lata Md	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO X
3.	NAME DF DECEASED (Type or print) (Triplet #3)	Middle Dyso	Last	4. DATE Month DF DEATH 10-25	Day Year
	male 6. COLOR OR RACE 7. MARRIED MIDOWED	NEVER MARRIED DIVORCED	5-25-66		Months Days Hours Min.
du	Ing most of working life, even If retired)	IND OF BUSINESS OR NDUSTRY NONe	Charles C	unty & State, or foreign country) County Md	
13	Mayo Dysøp/ Conner	Lyson	Mary Lou	en name lise Brown	
N N	es, no, or unkown) ((If yes give war or dates of service)	SOCIAL SECURITY NO. 17.	ther- Mary	Addres L. Dyson B:	ryans Road Md
MEDICAL CERTIFICATION	Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ematurity (f	TED TO THE TERMINAL DID DOTN and RRED. (Enter nature of EE DF INJURY (Home, far y, street, office bidg., et	ISEASE CONDITION GIVEN IN F 1 ved about Injury in Part I or Part II of Imperior (City or town) 20f. (City or town) 4 to 10-25-66	FIRE OF THE PERFORMED? 4-Hr SYES ND F FIRE ND F (County) (State) 6, 19, that (I) (ye) last
	saw the deceased alive on 22a. SIGNATURE 22c. Physician's NAME (Type)	25-18 , and that	ATTENDING NO PHYS. D		and on the date stated above. 22b. DATE SIGNED 4-26-66
23a	James E. Andrews MD Brial, cremation, 23b. date thereof remation 10/30/1966	23c. NAME OF CEMETERY		23d. LOCATION (City, to	wn or county) (state)
24	FUNERAL DIRECTOR Arehart Funeral Home	ADDRESS ,IncLa Pla	200	O BY REGISTRAR 256. RE	gistrar's signature

VR AI5 (4) 20M 1/65

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THE COUNTY OF SHAPE STATE OF THE PROPERTY OF T

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E	14085 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 141	187
PT.	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution: Resider b. COUNTY b. COUNTY	before odmission)
-	CHARLES MARYLAND Maryland b. CITY OR TOWN (If autside carporate limits, write RURAL and give pages to true) c. CITY OR TOWN (If autside carporate limits, write RURAL and give pages to true)	e neorest town)
L	write RUBAL and give nearest town) La Plata d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS d. STREET ADDRESS	08 - /
Ŀ	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) La Plata Hospital Rt. / BOXX885XB Box 3356	ON A FARM?
3.	NAME OF First Middle Last 4 DATE Manth	Day Year
S.	DECEASED (Type or print) THOMAS Delmas Bee ELLIS DEATH October 16,	19 66 I YEAR IF UNDER 24 HRS.
	Male White WIDOWED DIVORCED Oct. 6, 1907 Syrs. Manths	Days Haurs Min.
di di	uring roost of warking-life, even if retired) INDUSTRY	TIZEN OF WHAT
13	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	Jerie
1	Thomas Dent Ellis S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. OR INFORMANT 18. OR INFORMANT 19. OR INFORMANT	
Ö	Yes, no, grunknown) (If yes give war ar dates at service) Maureen Ellis same as # 2 ab	0140
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART L. DEATH WAS CAUSED BY.	INTERVAL BETWEEN ONSET AND DEATH
	4200 DUE TO Arteriosclerotic heart disease	
	Canditians, if any, which gave (b) (b) (b)	
	stating the underlying couse (c)	
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CERTIFICATION	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)	YES NO
L CERT	PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.	
	20c. TIME OF INJURY Month, Day, Year Haur a.m. 20d. INJURY OCCURRED Hour a.m. 20f. (City ar tawn) (Ca	unty) (State)
MEDICAL		
MEDICA	21. I certify that I taak charge of the remains described above, held an Autapsy X, Inspection , Inquiry ,	and in my apiniar
MEDICA	21. 1 certify that I taak charge af the remains described abave, held an Autapsy X, Inspection , Inquiry , death resulted fram: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner	and in my apiniar]
MEDICA	21. 1 certify that I taak charge af the remains described abave, held an Autapsy X, Inspection , Inquiry , death resulted fram: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
	21. 1 certify that I taak charge of the remains described above, held an Autapsy X, Inspection , Inquiry , death resulted fram: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner ACTUAL	22. DATE SIGNED
23	21. 1 certify that I taak charge af the remains described abave, held an Autapsy X, Inspectian , Inquiry , death resulted fram: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner ACTUAL SIGNATURE	22. DATE SIGNED 17, 1966

VR A15ME (5)

W. Clarke Mattingley Leonardtown, Maryland

Sacred Heart Cenetery Bushwood, Maryland

ADDRESS 256, RECD BY REGISTRAR 1986 Fliarles Judg

rectour, Maryland DATE

DATE

7.30 h 1

AND AND REPORT OF THE PARTY OF

"Lyanter regularity towardown grandred"

Items 18&21 Film 382 11-1 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COHNTY PM3. Page State Department of Maryland Charles Charles delay b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn) write RURAL and give nearest town) LaPlata Bel Alton e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS farm hours Physicians Memorial Hospital YES NO [24 haurs after death. alang with 3. NAME OF Lost 4. DATE Month Doy Year DECEASED 0F FENWICK 22 THOMAS ANTHONY October 66 within (Type or print) DEATH 9. AGE (In years IF UNDER IF LINDER 24 HRS S. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) May 30,1966 Male Negro WIDOWED DIVORCED event BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? during most of working life even if retired) INDUSTRY La Plata, Maryland dny 14. MOTHER'S MAIDEN NAME This certificate shauld be executed within 13. FATHER'S NAME Pearl Viola Yates James Leroy Fenwick 15. WAS DECEASED EVER IN ILS ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes no or unknown) (If yes give wor or dates of service) permit. the Chief Medical ar remaval, NONE Pearl Yates-Mother- Bel Alton, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: Hemophilus influenzae, Meningitis and Empyema burial, crematian, DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse 0 QS nseq PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? the certificate, YES X NO p should be 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) agent, priar 3 shauld PRIMARY Or CONTRIBUTING O CAL EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection [Inquiry ond in my opinion the funeral director. deoth resulted from: Notural couses Accident . Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 n.. TO FUNEN. Health ar if 10/23/66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles S. Petty, M.D. Address (Street, city, town, or county) NAME (Type) BURIAL, CREMATION,
REMOVAL (SPECIFY)
BURIAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)

Oct, 25, 1966 St. Ignatius

Arehart Funeral Home Inc., La Plata, Md.

Chapel Point, Charles, Md.

REGISTRAR'S SIGNATURE

Meliantes

2So. REC'D BY REGISTRAR

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24. FIINERAL DIRECTOR

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death-

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET	
14087	CERTIFICATE OF DEATH	14089

1. PLACE OF DEATH 2. Charles County MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. Maryland charles
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) LaPlata Md c. LENGTH OF STAY IN 1b 3-Days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Indian Head Md
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Physicians Memorial LaPlata Md	d_street address 38-Raymond Ave e. Is residence on a farm? yes \(\sum \overline{A} \)
3. NAME OF DECEASED (Type or print) Virginia Ella Haislip	Last 4. DATE OF DAY Year DEATH 10-28-66 19
Female W-US WIDOWED K DIVORCED	5-10-1875 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Months Days Hours Min. Min.
10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 10c. KIND OF BUSINESS OR INDUSTRY 10c. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) Nanjemoy Md 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Samuel Chandler	Josephine E.Todd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng, or unkown) (If yes give war or dates of service) 2 18-14-3791-0 E1	informant 4601-Buterwofth PlaceNW izabeth H.ColbertpDaughter, washingt
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Hear DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO COUNTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED factor at work 20e. PLACE factor	t Disease t Disease Indefinite Indefinite Indefinite
22c PHYSICIAN'S NAME (Type) 23b BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY REMOVAL (Specify) Nov 1 1966 Color 24 SUNEBALDIRECTOR Huneral Home, Wallow	22d. ADDRESS Indian Head Md

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FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 2 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14053 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14090

1. PLACE OF DEATH e. COUNTY	e. STATE b. COUNTY c. STATE
Charles MARYLAND	e. STATE Maryland b. County Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)
La Plata D.O.A.	Doncaster 08-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Physicans Memorial Hospital	YES NO KK
3. NAME OF First Middle DECEASED	Lest V 4. DATE Month Day Year
(Type or print) HOMER BRYAN HH	DEATH 19 DEA
7. MARKIED HEVER MARKIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Isst birthday) Months Days Hours Min.
WIDOWED DIVORCED	May 20, 1900 00 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) Plumer NDUSTRY U.S. Governe	nt Doncaster, Maryland COUNTRY? A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Homer Benson Hammock	Mary Cofer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Addr Box 250
(Yes, no, or unknown) (If yes give war or dates of service)	rs. Lucy Hammock-Wife Indian Head,
	27.2
18. CAUSE OF DEATH [Enter only one cause per lite for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	The Colusion METAL BETWEEN
IMMEDIATE CAUSE (a)	11-11-11
Conditions, if any, which	Bel Athert Til
gave rise to immediate	10-10-11-1
cause (e), stating the DUE TO	
underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	PERFORMED?
ICA	YES NO XX
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	URRED. (Enter neture of Injury In Part I or Part II of Item 18.)
CAUSE OF DEATH.	
200. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL while Not While at work at work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
10-21 1966 at work at work	House Honcaster Charles Md
21/1 certify that I took charge of the remains described above, he	eld an Autopsy , Inspection X Inquiry X, and in my opinion
1/1/ -/	icide . Homicide . Undetermined manner
death resulted from the fide and the first fide and the fide and th	CHIEF MEDICAL EXAMINER
ACTUAL () (Celles)	ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
SIGNATURE	DEPUTY MEDICAL EXAMINER
EXAMINER'S EDELEV	Hadress Street, city, town, or county) 10-2-66
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	
Burial 10/24/1966 Chicamuxen	Methodist Cemetery , Chicamuxen, Md.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Arehart Funeral Home, Inc La Plat	a, Md. DATE OCT 25 1956 Jelianles Judge

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IN THE SECOND STREET SELECTED OF SECOND STREET SECOND STREET STREET SECOND SECO THE TANK TO THE PARTY OF THE PA selection and the selection of the state of the selection of the selection

he funeral director, may be retained "Whe haspital ar attending physician. O FUNERAL DIV PR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be etached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO HOSPITAL OR A MOS be retained may be retained to FUNERAL DIF

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	41

1. PLACE OF DEATH o. COUNTY CTAPLES MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE ASYLLING b. COUNTY Add les
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tuckion Head 1441	S Indian Head 08-1
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Signature of the print of the pri	4 Hirt OF DEATH October 15 1966
5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED COLORS of WIDOWED DIVORCED	August 9, 1893 Tost birthday) Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Plant Chied in UXEM, Old. 12. CITIZEN OF WHAT COUNTRY?
Toseph on Hart	14. MOTHER'S MAIDEN NAME TEUGIE E. Simmons
(Yes, no. or unknown) (If yes, give wor or dates of service) 217-30-0615	Edna Greenfield Indian Head, Old.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	stue feart deilure Interval Between Onset And Death
Conditions, if any, which) DUE TO Conditions, if any, which) (b) Metastate	e Corcinomo Rectal 145yrs
gove rise to immediate cose (a), stating the under-lying cause last. DUE TO Dieb 2 fe	es d'selitus 14yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEAT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 2
	CURRED. (Enter nature of injury in Port I or Port II of item 1B.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work of work	De. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) 20f. (City or town) (County) (State)
	eath accurred at 1155 M, from the couses ond on the dote stated obove.
ACTUAL SIGNATURE from t A. Pins an	ADDRESS (Street, city or town, stote) ADDRESS (Street, city or town, stote) DATE SIGNED (0) 15/6
PHYSICIAN'S Front & Susan DT.	8 Indian Head ald 20640
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETE BURIAL (Specify) Oct. 19, 1966 St. Char	(5,0,0)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arehart Funeral Home Inc., La Pi	Lata, Md. DATE OCT 20 1966 followler Judge

CERTIFICATE OF DEATH	4.00
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	t day for a first
The second second	
1. T. S.	
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	West for a rest for the contract of the contra

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

:1409	0		CERTIFIC	CATE OF	DEATH		14092	2
PLACE OF DEATH a. COUNTY	Charles		MARYLA	0.	STATE	Where deceased lived, if institut b. COUI Ch Itside corporate limits, write RUI	NTY	
	(If autside corparate limi nd give regrest town) a Plata	ts,	D.O.A.			tside corporote limits, write RUI Island	RAL and give nearest	town)
	tal DR INSTITUTION (If n			d. STI	REET ADDRESS			IS RESIDENCE ON A FARM? ES NO A
3. NAME OF DECEASED (Type or print)		irst	Middle	MILL	Lost ER	4. DATE Mont OF DEATH Octob	- '	Year 19 66
s. sex Female	6. CDLOR OR RACE White	7. MARRIED Q	NEVER MARRIED DIVORCED		of BIRTH 20,18	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Doys	Haurs Min.
during most of working House	DN (Give kind of wark dane a life, even if retired) WIIE	10b. KINI AL	O OF BUSINESS OR USTRY HOME	11. 8 No	IRTHPLACE (County W York	& Stote, or foreign country) New Tork	12. CITIZEN OF V	A.
(Unkown) Schm					Rictor		
15. WAS DECEASED EV (Yes, na, ar unknawn) No	/ER IN U.S. ARMED FORCES? (If yes give war or dates	of service) 16. SO	ocial security no. 56–26–032	17. INFORM		J. Miller-	"Cobb Is Husband	land, M
1B. CAUSE OF II PART I. DE Conditions, if an rise ta immedia stating the und	γ, which gave the cause (o),	(o) <u>Myo</u>	o), (b), and (c).) cardial In ertension	farctic	n.		ONSE	RVAL BETWEEN I AND DEATH
PART II. OTHER S	SIGNIFICANT CONDITIONS					Heart Disease IDITION GIVEN IN PART 1(a)	19. V	VAS AUTOPSY PERFORMED?
OR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCU	URRED. (Enter n	ature of injury in	Port I or Part II af item 1B.)		
Haur o	JURY Month, Day, Year .m. 19	2Dd. INJ While ot wark	Not While		JURY (Home, farmet, office bldg., etc.)		(County)	(State)
saw the	deceased alive an_	spital) attende	d the deceased fr	ram 41	accurred at	%6 , ta 40 A 8:10 PM, fram causes	and an the date	stated abay
22a. SIGNATURI 22c. PRIVSICIAN NAME (Typ	Muso	dely	. 110	M.D. PH	2d. ADDRESS	MED. STAFF DIRECTOR PHYS. C	22b. DATE SIGNED	
230. BURIAL, CREMAT	ION, 23b. DATE TH		23c. NAME OF CEMETE		ORY	23d. LOCATION (City or To	wn) (County)	(State)
24. FUNERAL DIRECT	OR		ADDRESS		2Sa. REC'I	BY REGISTRAR 2Sb. RE	GISTRAR'S SIGNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

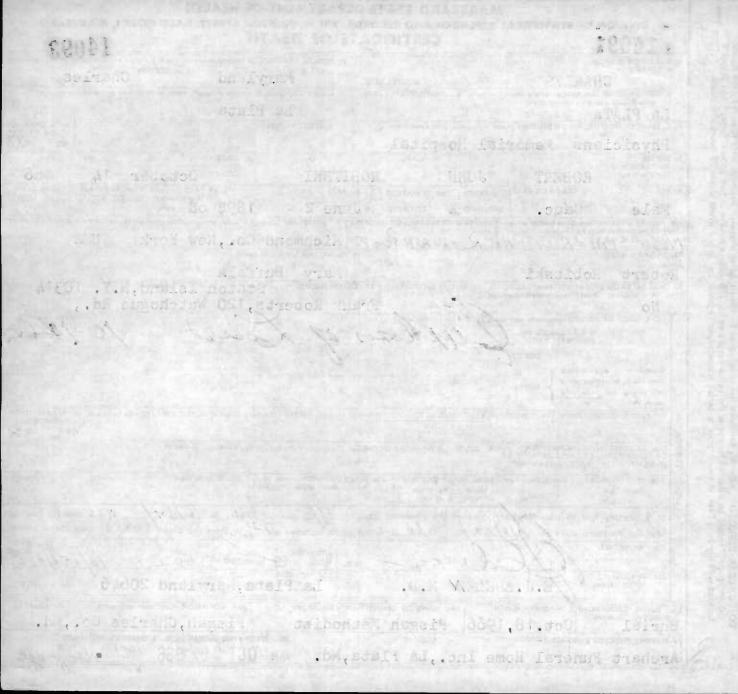
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. They please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours often death.

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ISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence a. COUNTY b. COUNTY 表 2 元 Charles Maryland CHARLES MARYLAND and deat b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ 24 writa RURAL and give nearest town) = La Plata PLATA filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? completely Memorial Hospital Physicians YES NO paper 3. NAME OF Middla 4. DATE Year Month DECEASED OF within (Type or print) DEATH ROBERT JOHN ROBITSKI October 1966 carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX and last birthday) Months Hours WIDOWED X 1898 68 Male Cauc. DIVORCED June physician гетоме 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foraign country) done during most of working life, even if ratired) Newspa, 13. FATHER'S NAME USA Richmond Co. New York nding pl death _ 14. MOTHER'S MAIDEN NAME Buffala Robert Robitski Marv law requires that the 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SQCIAL SECURITY NO. | 17. INFORMANT Staton Island. N.Y. 10314 (Yas, no, or unkown) | (Ifyes giva war or dates of sarvica) Frank Roberts 120 Watchogue Rd., No permit been signed by 1B. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c).] INTERVAL BETWEE 5 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a cremation, burial-transit attending Conditions, if any, which gava risa to immadiata causa DUE TO (a), stating the undarlying the causa last. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 95 0 CERTIFICATION PERFORMED? use prior YES T NO D Po 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part I or Part II of item 18.) After this Health OR CONTRIBUTING | CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Month, Day, Year of factory, straat, office bldg., atc.) Whila Not While Hour a.m. DIRECTOR: at work at work p.m. Pe 19 leke. to...1.6 19.6. fe, that (1) (we) last plnods saw the deceased alive 22b. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED HOSPITAL page with ti FUNERAL PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S filed v NAME (Type) Plata, Maryland 20646 La 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) A di REMOYAL_(Spacify) Burial Oct. 18, 1966 Pisgah Methodist Pisgah, Charles Co., Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Arehart Funeral Home Inc., La Plata, Md. VR A15 (4) DATE 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH



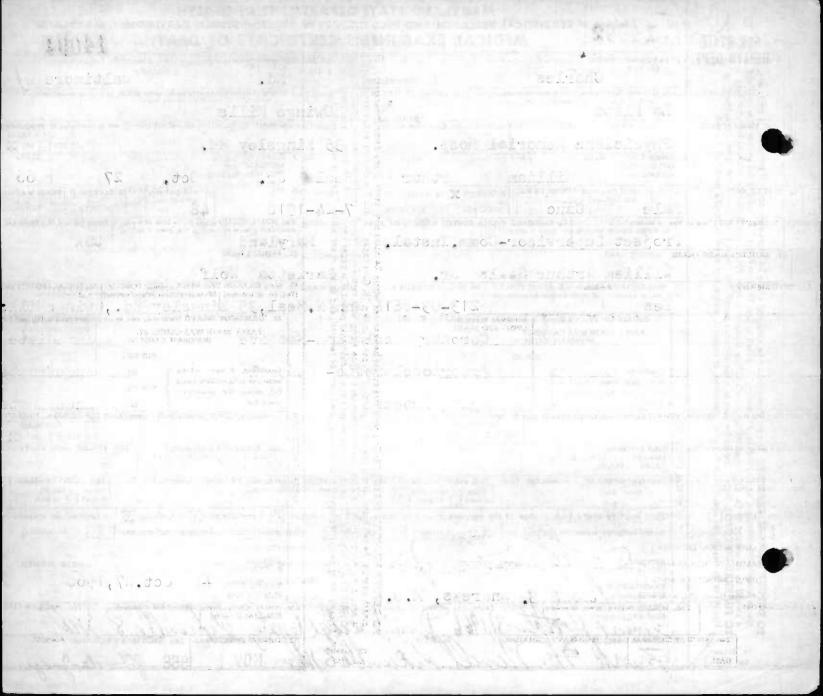
FOR STATE HEALTH DEPT TO DEPUTY EXEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any Cocy is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. The pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and the within 72 hours after death.

VR A15ME 5M 1/63

Division

MARYLAND STATE DEPARTMENT OF HEALTH of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14094

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before ed	Imission)					
** Charles MARYLAND	•. STATE Md. b. COUNTY Baltimore						
b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	e. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town	1)					
La Plata	Owings Mills						
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street eddress)	d. STREET ADDRESS e. IS RES						
Physicians Memorial Hosp.	35 Kingsley Rd.	FARM?					
3. NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year						
(Type or print) William Arthur	Seal Jr. DEATH Oct. 27 19	66					
1. Mande 15 Heter Mande	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 2 last birthdey) Months Devs Hours						
Male Cauc WIDOWED DIVORCED	7-24-1918 48 yrs. Months Deys Hours	Min.					
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO	UNTRY					
Project Supervisor—Comm. Instal.	Maryland USA						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
William Arthur Seals Sr.	Marietta Wolf						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1							
Yes, no, or unknown) (If yes give wer or detes of service) 213.003.681 A. A		: 77					
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).)	nn N.Seal, 35 Kingsley Rd., OwingsM						
DARTA DEATH WAS CALLED BY	INTERVAL BETWONSET AND DE						
IMMEDIATE CAUSE (a) Coronary Occlu	sion-Massive Immedia	ate					
4201 DUE TO							
Conditions, if eny, which \ (b) Arterioscleros	is- General Indefin	nate					
geve rise to immediate cause							
[(a), stering the underlying	Tracsin	00+					
(6) (15116 1100000	Indefin OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AU						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFOR	MED?					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20m. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Pert I or Pert II of item 18.)	- Locate					
	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (5)	(late)					
	lory, street, office bidg., etc.)	rarej					
21. I certify that I took charge of the remains described above, he	eld an Autopsy . Inspection X, Inquiry X, and in my opi	inion					
death resulted from: Natural causes A. Accident . Suic	ide . Homicide . Undetermined manner						
	CHIEF MEDICAL EXAMINER						
ACTUAL OF THE PROPERTY OF THE	ASSISTANT MEDICAL EVAMINED	JED					
SIGNATURE	DEPUTY MEDICAL EXAMINER & Oct. 27, 1966						
EXAMINER'S JAMES E Andrews, M.D.	Address (Street, city, town, or county)						
226. BUNIAL, CREMATION, 226. DATE HEREOF 22c. NAME OF CEMETERY OF	REREMATORY (22d. LOSATION (City, town, or county)						
There of Cottolier 31.1966 To suit &	Vikero Vamoter Vikerilla & MK						
23. FUNERAL DIRECTOR	24a. REC'O BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						
The All At Vlevell W. Bi. V	VOS WALL NOV 1 1000 001 100						
Travel / / mores, precede	US MADRIE NOV 1 1966 Marley Judg	4					



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TATE		14093	N	SEDICAL EXAMINER'S	CERTIFICATE OF	DEATH	14095
DEPT		LACE OF DEATH				nere deceosed lived, if institution:	Residence before odmission)
ent af . leoth.	(CHARL	FC	MARYLAND	o. STATE Marvl	b. COUNTY	Charles
and 2 with the Stote Deportment af event within 72 hours ofter deoth.		. CITY OR TOWN (If outside	corporote limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If auts	ide carparate limits, write RURAL	and give neorest town)
E L		write RURAL and give ned	orest town)		Waldo		20.1
off	-	La Plata NAME OF HOSPITAL OR IN:	STITUTION (If not in hose	nital give street address)	d. STREET ADDRESS	r T	e. IS RESIDENCE
2/00	ľ				d. SIRCEI ADDRESS		ON A FARM?
60	_		Memorial H				YES 🔀 NO
		NAME OF	First	Middle		4. DATE Month OF	Doy Year
		Type or print)	Clara		SHLAGEL	DEATH October	17 1966
8	S. S		R OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years II	FUNDER 1 YEAR IF UNDER 24 HR
7		Female W	hite wibo	WED 🔀 DIVORCED 🗌	Dec. 1, 19	03 62 63 yrs.	TOTAL DOTS MIN.
	10o.	USUAL OCCUPATION (Give kin		Ob. KIND OF BUSINESS OR	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT
	duri A	ng most of working life, even	if retired)	Dairy Store	Germany		COUNTRY?
		FATHER'S NAME			14. MOTHER'S MAIDEN NA		U a D a D
		Joseph Eber	nt		Grace M	aingant	
		WAS DECEASED EVER IN U.S.		16. SOCIAL SECURITY NO. 17.	Grace W	Address	
5		, no, or unknown) (If yes given					
	<u> </u>	No		213-42-7451 F	rances Kli	<u>ngenmaier, Y</u>	ork, Penn.
ē		1B. CAUSE OF DEATH (Ent PART I. DEATH WAS O			1 11		INTERVAL BETWEEN ONSET AND DEATH
To burloi, cremation, or removal, and		IM	MEDIATE CAUSE (o)	Arteriosclerotic	neart diseas	<u>e</u>	
OT,		4200	DUE TO				
		Conditions, if ony, which g	(0)				
5		stoting the underlying co	use DUE 10				
1.		lost.	(c)				<u></u>
	z	PART II. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
2	CERTIFICATION						YES X NO
	HE I	20o. EXTERNAL CAUSE WAS	20	Ob. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Po	ort I or Port II of item 18.)	
	E	PRIMARY or CONTRIBUTING CAUSE OF DEATH.	4G []				
	MEDICAL	20c. TIME OF INJURY Mon	th, Doy, Yeor 2		CE OF INJURY (Hame, farm,	20f. (City or town)	(County) (Stote)
	MED	Hour o.m. p.m.		While Not While foct	ory, street, office bldg., etc.)		
				e remains described abave, he	ld an Autonsy [V]	Inspection , Inquiry	and in my opinio
		death resulted from			ide , Homicide		
SIG		dedili resolled from	n: Nutbrol cuose	Accident [], Soic	CHIEF MEDICAL E		ilei [_]
solth or its designated agent, prior $\mathcal T$		ACTUAL (e le J) A		AL EXAMINER	22. DATE SIGNE
		SIGNATURE	0.020.	J. July	M.D. ASSISTANT MEDIC DEPUTY MEDICAL		ober 18, 1966
2		EXAMINER'S Cha	rles S. Spi	ingate, M.D.		city, town, or county)	3BCL 10, 1300
	230	BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
2	1	REMOVAL (Specify)	10-20-66	St Peters		Waldorf, M	
2	$\overline{}$	FUNERAL DIRECTOR		ADDRESS	2So. REC'D	BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE
16	I	untt Funer	ral Home.	Waldorf, Md.	DATE O	CT 2 1 1966 🔏	Charles Judge
	-		,	,	NULL OF		- (1 (1

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Charles b. COUNTY Poge ď Maryland MARYLAND Charles Department c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 16 LaPlata Md ofter LaPlata Md e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 72 hours form in Item 18. Give Poges 1, Stote NO V X 24 hours after deoth. 3. NAME OF First Middle 4. DATE Month Lost Year DECEASED the Henrietta Thomas OF 10-25-66 within (Type or print) DEATH 19 along with 5. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 84 lost birthdoy) Female Negro Hours WIDOWED DIVORCED Office lond2 event 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY USA ? Bryans Road Md Housewife Home word "pending" in pencil in the Chief Medical Examiner's 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within Benjamin Marshall Mary Jane Hawkins 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) or removal. Daughter Ruth Frederick, LaPlata 212-56-0259 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN buriol-transit 24-Hrs PART I. DEATH WAS CAUSED BY CVA-IMMEDIATE CAUSE (o) writing the word cremotion, DUE TO Conditions, if ony, which gove Indefinite Hypertension forwarded to rise to immediate couse (o), DUE TO stoting the underlying couse O Indefinite 0.5 burial, o (Aging Process nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? Had been in a coma since 10-23-66 please execute the certificate. YES NO pe 0 2Do. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) its designated agent, prior Poge 4 should PRIMARY CONTRIBUTING CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. 2Dc. TIME OF INJURY Month, Doy, Yeor 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m Not While foctory, street, office bldg., etc.) moy be retained far your FUNERAL DIRECTOR: Poge ot work ot work Inspection 🔽 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry ond in my opinion the funerol director. deoth resulted from: Noturol couse xx. Accident [Suicide | Homicide Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER 0 DEPUTY MEDICAL EXAMINER 10-26-66 EXAMINERS Address (Street, city, town, or county) Heolth James E. Andrews MD. Indian Head N
236 DATE THEREOF | 236. NAME OF CEMETERY OR CREMATORY NAME (TVE 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 50 BIREMO AL (Specify) 10/29/1966 St. Pauls Church Cemetery-Waldorf 24. FUNERAL DIRECTOR ADDRESS 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR

Arehart Funeral Home, Inc.-La Plata, Md, DATE NOV

VR A15ME (5)

. IS RESIDENCE ON A FARM?

YES NO PA

IF UNDER 24 HRS

PERFORMED? NO Z

(State)

22b. DATE

00

* 1. T of a graduate section of the section Suwonally wright the field of the land of the field of to the state of th Bremart Ingred home, inc. -as rlate, sa, see dir 18 and